

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
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43				/			93						
44				/			94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2		1				TOTAL IND.						
TOTAL DEP.	34		20				TOTAL DEP.						
TOTAL CLAIMS	36		21				TOTAL CLAIMS						

Claim		Date			Claim		Date			Claim		Date		
Final	Orig	1/1/04			Final	Orig	1/1/04			Final	Orig	1/1/04		
	107	✓				156	✓				204	✓		
	108					157					205			
	109					158					206			
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	132					181					229	✓		
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	154					203								
	155	✓				204	✓							